

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.
107019634

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/	/	/	/		
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TOTAL IND.	8		4			
TOTAL DEP.	17	→	26	→		
TOTAL CLAIMS	25	30				

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IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.		↓		↓	
TOTAL DEP.		↓		↓	
TOTAL CLAIMS					